

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 DEC -4 AM 8:37

Office Use Only

12FE4M5

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

Crawford for Congress

ADDRESS (number and street)

1135 Lakewood Drive

☐ Check if different
than previously
reported. (ACC)

Lincoln

NE

68510-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00550749

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

NE

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM

DD

YYYY

in the
State of

NE

(c) 30-Day POST-Election Report for the:

☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM

DD

YYYY

in the
State of

NE

5. Covering Period

MM

DD

YYYY

through

MM

DD

YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Diane Crawford

Signature of Treasurer

Diane Crawford

Date

MM

DD

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3
(Revised 02/2003)